

#700

CONSULTANT REQUEST FORM

Date:	Purchase Request Number:		
Name of Proposed Consultant:			
Title of Proposed Consultant:			
Business Address:			
Telephone Number:			
<i>Description of Services to be Provided and List of Reports to be Submitted</i>			
Number of days services are required:	working days or ...	calendar days	
Rate Charged for services:	\$	per hour or ... \$	per day
<i>(Attach justification for the consultant rate)</i>			
Period of Performance – From Date:		To Date:	
Will Consultant work in laboratory area on site?	? Yes	? No	
If services will be performed onsite, will consultant have access to controlled technology, data, hardware or biological or chemical agents (ITAR,EAR)? ? Yes ? No			
Person consultant will report to:		Telephone Ext.:	
Building Number/Room Number:			
TYPES OF REIMBURSEMENT EXPENSES ANTICIPATED			
Per Diem	? Yes ? No	Transportation to and from NCI-Frederick	? Yes ? No
Airfare	? Yes ? No	Ground transportation from home to airport	? Yes ? No
Tolls	? Yes ? No	Mileage Expense (Number of Miles)	? Yes ? No
Hotel	? Yes ? No	Auto rental while at NCI-Frederick	? Yes ? No
Apartment plus expenses:	? Yes ? No	Other:	? Yes ? No
Payment Arrangement:			
Remarks:			

INDEPENDENT CONTRACTOR VS EMPLOYEE QUESTIONNAIRE
COMPLETE ALL THE NARRATIVES AS WELL AS THE YES/NO QUESTIONS

This questionnaire is for the services of: (Worker) _____

The purpose of this questionnaire is to assist SAIC-Frederick, Inc. in determining the appropriate status of an individual or company in accordance with P&P 700. Determining the appropriate federal employment tax status is important to both SAIC-Frederick, Inc. and the Worker, since an incorrect status can result in lost deductions and penalties. If there is a misclassification, SAIC-Frederick, Inc. may be liable for extensive back taxes (state and federal income tax withholding, FICA, and FITA), interest, and penalties. A reclassification will also have a significant impact on the Worker. If the Worker is reclassified as an employee, the IRS (as well as state tax authorities) may, upon audit, disallow deductions taken by the Worker for business and home office expenses, as well as contribution to pension plans and fringe benefit programs, which can result in additional tax liability, penalties, and interest. Penalties and interest assessed by the IRS against SAIC-Frederick, Inc. will be charged to the respective group and are unallowable costs.

The following answers will assist SAIC-Frederick, Inc. in properly determining status as indicated by P&P 700. **The Worker and SAIC-Frederick, Inc. Requester will complete the questions and narratives; the Human Resources, Director, will complete the pass/fail check boxes.**

Scope of Work and services to be performed (attach separate sheet if necessary): _____

Section 3.1.1

Independent Contractors are typically engaged to accomplish a particular result, as opposed to simply hiring their time. Accordingly, the individual or company, while actually performing the work for which they have been engaged, must control the manner in which and means by which that work is performed. This requires the individual or company to determine for themselves such things as *how the work is to be performed* (how the result is to be accomplished), *how much work or effort needs to be performed*, and *where the work must be performed* (what can be done on SAIC-FREDERICK, INC.'s premises and what must be done on the individual/company's own business premises). Additionally, an individual must not require training by SAIC-FREDERICK, INC. (other than simply being briefed on the task to be accomplished), or be retained in a capacity similar to that he/she may have held as a former SAIC-FREDERICK, INC. employee.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Will Worker be given instructions on <u>how</u> the task will be performed or how the final product or result should be achieved? (Exclude instructions on what the input data and resources for a task include, and what the expected output reports or information are.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will SAIC-FREDERICK, INC. schedule hours to be worked? (Do not include travel or occasional meetings with SAIC-FREDERICK, INC. personnel.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is Worker required to perform the work at a specific location? Answer yes if Worker will be required to perform the work at an SAIC-FREDERICK, INC. or customer site (even if required by circumstances outside SAIC-FREDERICK, INC. or customer control, such as security requirements; explain such circumstances in space provided below) and no if at Worker's office or other location of Worker's choice. Do not count attendance at meetings or conferences as a yes answer. | <input type="checkbox"/> | <input type="checkbox"/> |

	YES	NO
4. Will SAIC-FREDERICK, INC. provide training to the Worker in how to perform the job?	<input type="checkbox"/>	<input type="checkbox"/>

5. Has Worker ever been an employee of SAIC-FREDERICK or NCI-Frederick?	<input type="checkbox"/>	<input type="checkbox"/>
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If YES, answer the following:

Years employed: _____ to _____

Position title: _____

Brief description of duties/work performed: _____

6. Is Worker related to any current SAIC-FREDERICK or NCI-Frederick employee?	<input type="checkbox"/>	<input type="checkbox"/>
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If YES, whom, and what work relationship will Worker and employee have?

Worker ☐ passes ☐ fails Section 3.1.1.

Section 3.1.2

The individual or company has made their professional services available to the general public on a regular basis.

7. Does Worker advertise his/her services or hold himself/herself out to other companies or the general public as a provider of similar services? If so, describe Worker's business development efforts.	<input type="checkbox"/>	<input type="checkbox"/>
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8. Is Worker now, or in the last 3 months has Worker performed work as an independent contractor for any other company or person unrelated to SAIC-FREDERICK, INC. and NCI-Frederick?	<input type="checkbox"/>	<input type="checkbox"/>
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If YES, estimated number of hours worked for other companies or persons: _____

Worker ☐ passes ☐ fails Section 3.1.2.

Section 3.1.3

The individual or company does not exclusively, on a full-time, regular or continuous basis, perform services solely for SAIC-FREDERICK, INC..

9. Will Worker be working substantially full-time (30 hours or more/week) for SAIC-FREDERICK, INC.?	<input type="checkbox"/>	<input type="checkbox"/>
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If YES, for how long will full-time work be performed? _____

Worker ☐ passes ☐ fails Section 3.1.3.

Section 3.1.4

The individual or company is compensated by task, job or commission as established by the contractual vehicle and submits an invoice properly reflecting such amount.

10. Does the proposed contract specify: (check one box)

- ☐ payment for completion of specific tasks or accomplishment of goals (e.g., firm-fixed price, commission, or lump sum or milestone payments tied to specific events), or
- ☐ payment for hours of labor at contracted rate(s) (e.g., cost reimbursement, fixed-price level of effort, time and materials/labor hour), or
- ☐ other arrangement. Describe: _____

Worker ☐ passes ☐ fails Section 3.1.4.

Section 3.1.5

The individual or company furnishes their own materials, equipment, tools, etc., in the performance of their services (i.e., office space, computer, software, etc, but not including the exchange of information). (Note: occasional or sporadic work on-site at SAIC-FREDERICK, INC. facilities does not negate this element.)

	YES	NO
11. Will Worker furnish all the equipment and facilities necessary to perform the work, such as office space, furniture, computers, or repro equipment? If Worker will provide some, but not all, equipment and facilities, what will the Worker provide?	<input type="checkbox"/>	<input type="checkbox"/>

What will SAIC-FREDERICK, INC. provide?

12. Does Worker have an established business office other than at an SAIC-FREDERICK, INC. location, where consulting activities are administered or performed on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
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If YES, where?

Worker ☐ passes ☐ fails Section 3.1.5

Section 3.1.6

The individual or company cannot terminate or be terminated at will, but rather such termination is governed strictly by the terms and conditions of the contract. Additionally, the individual or company cannot directly supervise or discharge SAIC-FREDERICK, INC. employees.

Worker ☐ passes ☐ fails **Section 3.1.6**

This questionnaire is intended to assist SAIC-FREDERICK, INC. in complying with applicable federal and state laws. False information or omissions may render SAIC-FREDERICK, INC. noncompliant with such laws. Both the Requestor and the Worker signing below declare that he/she has examined the answers to this questionnaire and that to the best of his/her knowledge, they are accurate and complete. The Worker agrees to notify the Requestor, if there is a material change in the facts presented here during the course of his/her relationship with SAIC-FREDERICK, INC..

REQUESTER

Name

Signature

Title

Date

WORKER

Signature

Date

HUMAN RESOURCES REVIEWER

Based on the answers provided on this questionnaire and my understanding of the task to be performed by the Worker, including its period of performance, level of effort and scope of work, I have determined that the Worker

☐ qualifies as an Independent Contractor as defined by PP 700.

☐ does not qualify as an Independent Contractor as defined by PP 700.

Name

Signature

Title

Date

RESEARCH CONTRACTS DEPARTMENT

Name

Signature

Title

Date

Form **W-9**
(Rev. January 2002)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	<input type="checkbox"/> Exempt from backup withholding
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number								
or								
Employer identification number								

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
- I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments **after** December 31, 2001 (29% **after** December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate **Instructions for the Requester of Form W-9**.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Form **W-8BEN**
(Rev. February 2006)
Department of the Treasury
Internal Revenue Service

**Certificate of Foreign Status of Beneficial Owner
for United States Tax Withholding**

OMB No. 1545-162

▶ Section references are to the Internal Revenue Code. ▶ See separate instructions.
▶ Give this form to the withholding agent or payer. Do not send to the IRS.

Do not use this form for:

- A U.S. citizen or other U.S. person, including a resident alien individual
 - A person claiming that income is effectively connected with the conduct of a trade or business in the United States
 - A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions)
 - A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (see instructions)
 - A person acting as an intermediary
- Note:** These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.
- Note:** See instructions for additional exceptions.

Part I Identification of Beneficial Owner (See instructions.)

1 Name of individual or organization that is the beneficial owner		2 Country of incorporation or organization																
3 Type of beneficial owner: <table><tr><td><input type="checkbox"/> Individual</td><td><input type="checkbox"/> Corporation</td><td><input type="checkbox"/> Disregarded entity</td><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> Simple trust</td></tr><tr><td><input type="checkbox"/> Grantor trust</td><td><input type="checkbox"/> Complex trust</td><td><input type="checkbox"/> Estate</td><td><input type="checkbox"/> Government</td><td><input type="checkbox"/> International organization</td></tr><tr><td><input type="checkbox"/> Central bank of issue</td><td><input type="checkbox"/> Tax-exempt organization</td><td><input type="checkbox"/> Private foundation</td><td colspan="2"></td></tr></table>				<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Partnership	<input type="checkbox"/> Simple trust	<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Complex trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Government	<input type="checkbox"/> International organization	<input type="checkbox"/> Central bank of issue	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Private foundation		
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Partnership	<input type="checkbox"/> Simple trust														
<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Complex trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Government	<input type="checkbox"/> International organization														
<input type="checkbox"/> Central bank of issue	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Private foundation																
4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. City or town, state or province. Include postal code where appropriate. Country (do not abbreviate)																		
5 Mailing address (if different from above) City or town, state or province. Include postal code where appropriate. Country (do not abbreviate)																		
6 U.S. taxpayer identification number, if required (see instructions) <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> EIN		7 Foreign tax identifying number, if any (optional)																
8 Reference number(s) (see instructions)																		

Part II Claim of Tax Treaty Benefits (if applicable)

9 I certify that (check all that apply):

- a ☐ The beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.
- b ☐ If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).
- c ☐ The beneficial owner is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).
- d ☐ The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).
- e ☐ The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article _____ of treaty identified on line 9a above to claim a _____% rate of withholding on (specify type of income): _____
Explain the reasons the beneficial owner meets the terms of the treaty article: _____

Part III Notional Principal Contracts

11 ☐ I have provided or will provide a statement that identifies those notional principal contracts from which the income is not effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

Part IV Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

1 I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates,

2 The beneficial owner is not a U.S. person,

3 The income to which this form relates is (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income, and

4 For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

Sign Here

Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date (MM-DD-YYYY) Capacity in which acting

INVOICE

NAME

ADDRESS

CITY, STATE, & ZIP CODE

PHONE NUMBER

BILL TO: SAIC-Frederick, Inc.
P. O. Box B
Frederick, MD 21702-1201
Attn: Accounts Payable

Invoice #: _____
Invoice Date: _____
P. O. #: _____
Payment Terms: _____

Date	Hours	Description	Location	Service performed for	Fee

Total Due: \$ _____ -

Is this a final invoice? Yes / No

Consultant Signature: _____

Date: _____

Prepared by: _____

Date: _____

THIS INVOICE HAS BEEN REVIEWED FOR TIME EXPENDED, NATURE OF THE WORK AND RECEIPT OF THE DELIVERABLES AND IS APPROVED FOR PAYMENT.

Signature: _____ Date: _____
(Approving Official)